

**DECLARATION FOR UTILITY OR DESIGN  
PATENT APPLICATION (37 CFR 1.63)**

**Attorney Docket No.: 2132.084**

**Inventor Name:** Jackowski et al.

**COMPLETE IF KNOWN**

☒ Decl. Sub. w/Initial Filing  
☐ Decl. Sub. after Initial Filing (surcharge (37 CFR 1.15 (e)))

**Application No:**

**Filing Date:**

**Group Art Unit:**

**Examiner Name:**

**As a below named inventor, I hereby declare that:**

My residence, post office addr., and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**IG LAMBDA BIOPOLYMER MARKERS PREDICATIVE OF ALZHEIMERS DISEASE**

the specification which

☒ is attached hereto ☐ OR

\_\_\_\_\_ was filed on \_\_\_\_\_ As United States Application No. or PCT Intl. Appln. No. \_\_\_\_\_ and was amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

PRIOR FOREIGN NUMBERS:	COUNTRY:	FOREIGN FILING DATE:	PRIORITY NOT CLAIMED:	CERTIFIED COPY Yes No
			_____	_____
			_____	_____
			_____	_____

Additional foreign appln. nos. are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below:

**APPLICATION NUMBER(s):** \_\_\_\_\_ **FILING DATE:** \_\_\_\_\_

\_\_\_\_\_ Addnl. provisional appln.  
Nos. are listed on a  
Supplementary priority data  
Sheet PTO/SB/02B attached.

Socio-demographic characteristics		Health-related characteristics		Healthcare utilization		Health-related quality of life	
Mean (SD)	Range	Mean (SD)	Range	Mean (SD)	Range	Mean (SD)	Range
Age (years)	67.5 (10.5)	45-85	Male (%)	55.5	Female (%)	44.5	
Marital status (%)		Married (%)	65.5	Single (%)	34.5		
Education (%)		High school (%)	45.5	College (%)	54.5		
Income (USD/month)	1,200 (200)	500-2,500	Health status (%)		Good (%)	45.5	
Health status (%)		Good (%)	45.5	Fair (%)	54.5		
Healthcare utilization (%)		Regular (%)	65.5	Irregular (%)	34.5		
Health-related quality of life (%)		High (%)	45.5	Low (%)	54.5		

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NAME OF SECOND INVENTOR: \_\_\_\_\_ A Petition has been filed for this unsigned inv.  
GIVEN NAME (first and middle [if any]): \_\_\_\_\_ FAMILY NAME OR SURNAME: \_\_\_\_\_

John \_\_\_\_\_ Marshall, PhD \_\_\_\_\_  
Inventor's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
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Additional inventors are being named on the \_\_\_\_\_ Supplemental additional inventor(s)